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SITUATION REPORT

Nigeria Centre For Disease Control (NCDC)

TITLE:	2018 LASSA FEVER OUTBREAK IN NIGERIA
SERIAL NUMBER:	18
EPI-WEEK:	18
DATE:	6 th May 2018

HIGHLIGHTS

- In the reporting Week 18 (April 30-May 06, 2018) three new confirmed^{il} cases were reported from two states -Edo(2) and Ebonyi (1) with no new death.
- From 1st January to 6th May 2018, a total of 1894 suspectedⁱ cases have been reported from 21 states. Of these, 423 were confirmed positive, 10 are probable, 1460 are <u>negative</u> (not a case) and 1 is awaiting laboratory result (pending)
- Since the onset of the 2018 outbreak, there have been 106 deaths in confirmed cases, 10 in probable cases. Case Fatality Rate in confirmed cases is 25.1%
- 21 states have recorded at least one confirmed case across 70 Local Government Areas (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti, Kaduna, Abia and Adamawa). Eighteen states have exited the active phase of the outbreak while three States remain active^{iv} - Figure 1
- In the reporting week 18, no new healthcare worker was infected. Thirty-seven health care workers have been affected since the onset of the outbreak in eight states –Ebonyi (16), Edo (12), Ondo (3), Kogi (2), Benue (1), Nasarawa (1), Taraba (1), and Abia (1) with eight deaths in Ebonyi (6), Kogi (1) and Abia (1)
- 81% of all confirmed cases are from Edo (42%) Ondo (23%) and Ebonyi (16%) states
- Seven cases are currently being managed in four treatment centres across the country
- A total of 5012 contacts have been identified from 21 states. Of these 106 (2.1%) are currently being followed up, 4895(97.7%) have completed 21 days follow up while 11(0.2%) were lost follow up. 81 symptomatic contacts have been identified, of which 28 (36%) have tested positive from five states (Edo-13, Ondo-8, Ebonyi-3, Kogi -3 and Bauchi-1)
- National RRT team (NCDC, WHO and NFELTP residents) batch D continues to support response in Plateau, Kogi, and Adamawa states
- National Lassa fever multi-partner multi-agency Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels, however response has been de-escalated due to continual decline of cases over the past 11 weeks



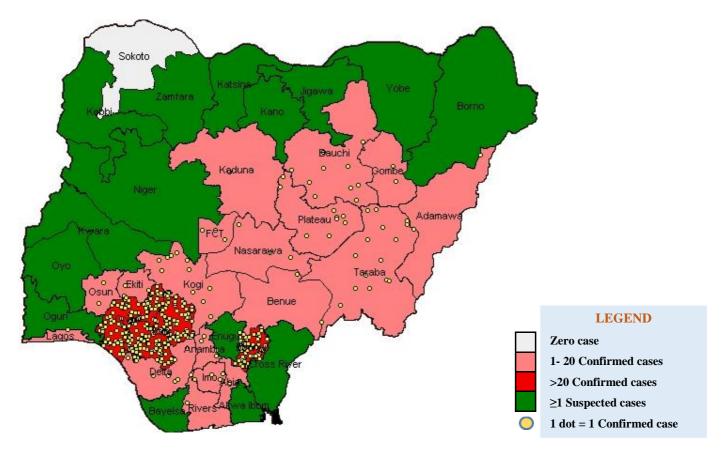


Figure 1. Distribution of Confirmed Lassa Fever cases in Nigeria as at 6th May, 2018

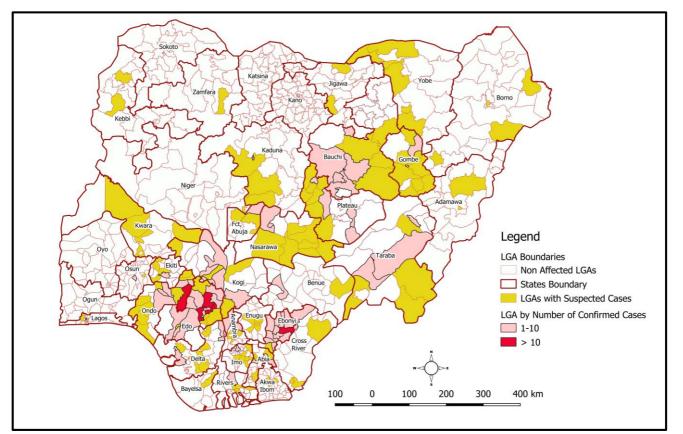


Figure 2. Distribution of Suspected and Confirmed Lassa Fever cases in Nigeria by LGA



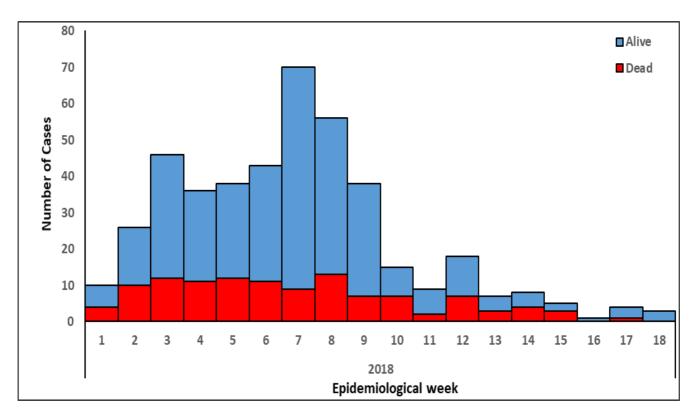


Figure 3.Epicurve of Lassa fever Confirmed (423) and Probable (10) Cases in Nigeria week 1-18, 2018

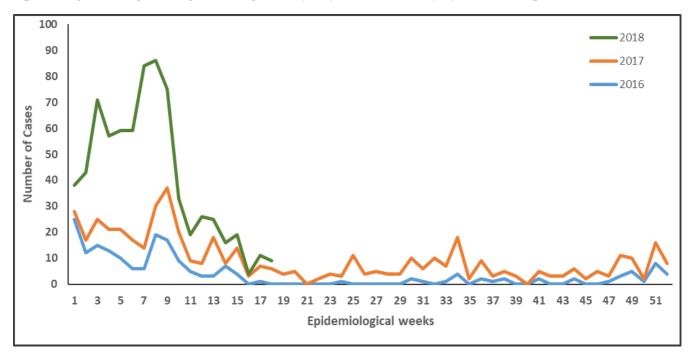


Figure 4. Trends of Lassa fever Confirmed Cases in Nigeria, 2016-2018

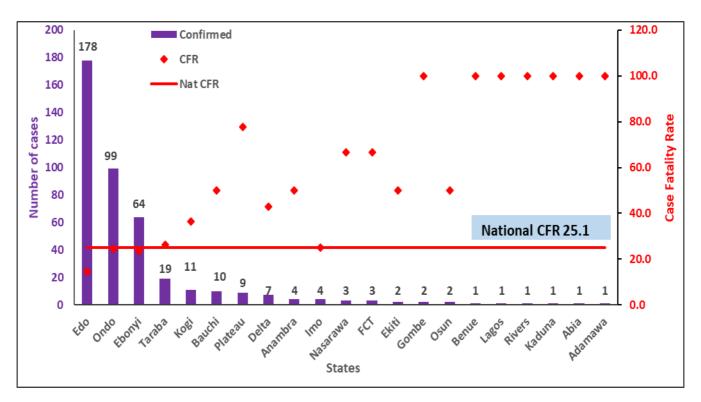


Figure 5. Confirmed Lassa fever cases in Nigeria with state specific Case Fatality Rates (CFR) as at 6th May 2018

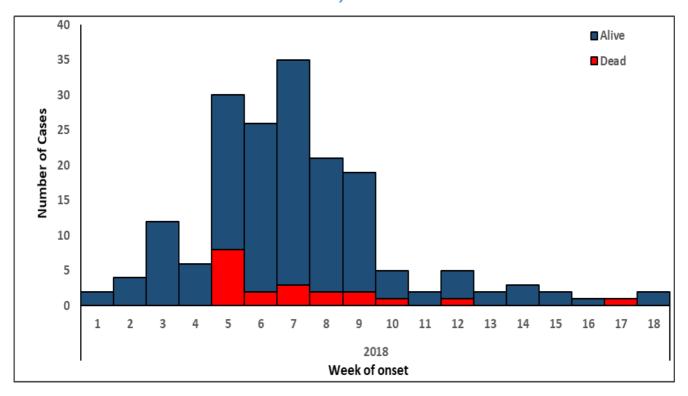


Figure 6: Epicurve of confirmed cases Lassa fever in Edo State week 1-18, 2018



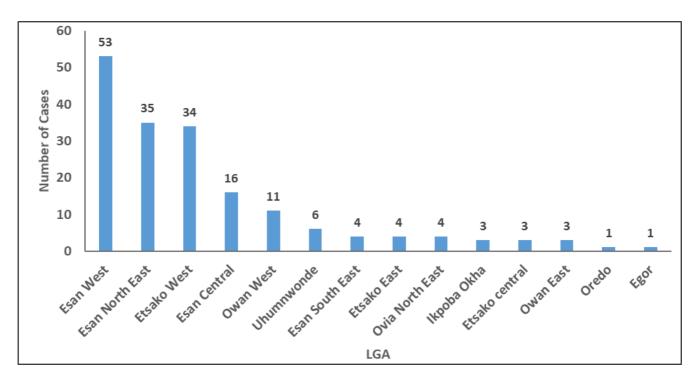


Figure 7: Distribution of Lassa fever confirmed cases in Edo State by LGA as at 6th of May 2018

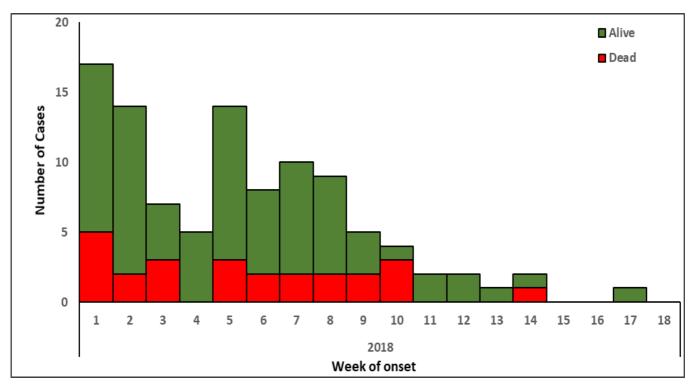


Figure 8: Epicurve of Lassa fever confirmed cases in Ondo State week 1- 18, 2018



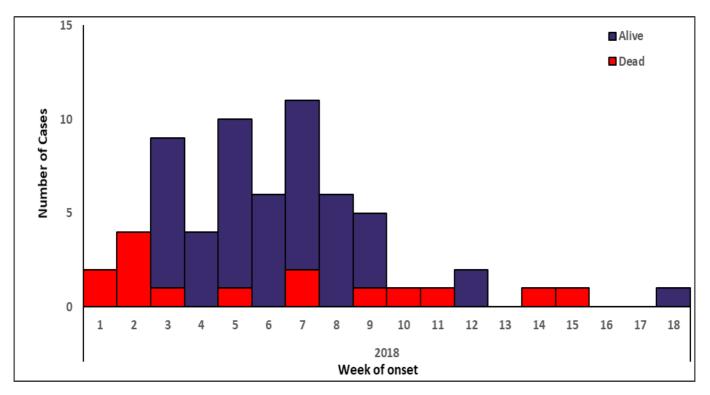


Figure 9: Epicurve of Lassa fever confirmed cases in Ebonyi State week 1-18, 2018

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ⁱSuspected case describes any individual presenting with one or more of the following: malaise, fever, headache, sore throat, cough, nausea, vomiting, diarrhoea, myalgia, chest pain, hearing loss and either a. History of contact with excreta or urine of rodents b. History of contact with a probable or confirmed Lassa fever case within a period of 21 days of onset of symptoms OR Any person with inexplicable bleeding/hemorrhagia.

^{*ii*}Any suspected case with laboratory confirmation (positive IgM antibody, PCR or virus isolation)

ⁱⁱⁱAny suspected case (see definition above) who died without collection of specimen for laboratory testing

^{*iv*} "Active" means where there has been at least one confirmed case, and contacts within 21 days post exposure